

# Owensboro Family YMCA **Summer Day Camp** Registration

Please check one of the following  
**YMCA Member** \_\_\_\_\_ **Non-member** \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ Age: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Sex: Male or Female: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

## **SUMMER DAY CAMP SITE** (please check one)

- \_\_\_\_\_ YMCA Kindercamp (4-5 years old and has not been to Kindergarten) (Must be fully potty trained)  
\_\_\_\_\_ Owensboro Christian Church (5-12 years old)  
\_\_\_\_\_ Bellevue Baptist Church (5-12 years old)  
\_\_\_\_\_ Newton Parrish Elementary (5-12 years old)  
\_\_\_\_\_ Highland Elementary (5-12 years old)

**Check the appropriate shirt size.** XS \_\_\_\_\_ S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_

Name of Custodial Parent or Legal Guardian: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Married \_\_\_\_\_ Widowed \_\_\_\_\_ Separated

Father's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Immunization History

A COPY OF YOUR CHILD'S CURRENT IMMUNIZATION CERTIFICATE MUST ACCOMPANY THE YMCA SUMMER DAY CAMP REGISTRATION FORM BEFORE YOUR CHILD WILL BE REGISTERED.

### EMERGENCY CONTACT INFORMATION

If a legal guardian is not available in an emergency contact one or all of the following:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Number: \_\_\_\_\_

If your child needs medical care, the law requires that you, the parent or legal guardian give your permission to the YMCA to treat your child. In case of an emergency, we will attempt to contact you. If time does not permit, or we are unable to reach you, this form will allow us to have your child receive the attention he/she needs.

I, as the \_\_\_\_\_ legal parent or \_\_\_\_\_ legal guardian (check one) of \_\_\_\_\_

Hereby give my permission for the Owensboro Family YMCA and its employees to seek medical care for the above –named child, when the child is attending the Summer Day Camp of the Owensboro Family YMCA, when they deem it necessary. The medical care shall cover illnesses accident and/or injury. In the event of treatment when consultation or follow up care is required it is my desire that our doctor \_\_\_\_\_ be contacted at \_\_\_\_\_

The Hospital my child should be taken to in case of emergency \_\_\_\_\_

The Owensboro Family YMCA carries liability insurance but does not carry accident insurance for the participants of this program.

I UNDERSTAND THAT WITHOUT CONSENT, NO TREATMENT WILL BE GIVEN TO THE ABOVE NAMED CHILD.

### INSURANCE INFORMATION

Medical Insurance Carrier: \_\_\_\_\_

Group or Policy Number: \_\_\_\_\_

Name of insured: \_\_\_\_\_

TRIP RELEASE

My child, \_\_\_\_\_ has my permission to go on any scheduled trip under the supervision of the YMCA summer Day Camp. I understand that these trips may include riding in the YMCA bus or van. This authorization is for the duration of the YMCA Summer Day Program.

PICK UP RELEASE

The below mentioned may pick up my child from the Owensboro Family YMCA Summer Day Camp Program.

PLEASE NOTE THAT PARENTS OR LEGAL GUARDIANS WILL NEED TO INCLUDE THEMSELVES ON THIS LIST

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Relation to Child \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Relation to Child \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Relation to Child \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Relation to Child \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Relation to Child \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Relation to Child \_\_\_\_\_

PHOTO RELEASE

For the purpose of supporting and promoting the YMCA's services and programs:

\_\_\_\_\_ I allow the YMCA staff to take pictures of my child to use for the end of the summer slideshow and any other YMCA publication including the quarterly newsletter, website, etc.

\_\_\_\_\_ I DO NOT ALLOW the YMCA staff to take pictures of my child to use for the end of the summer slideshow and any other YMCA publication including the quarterly newsletter, website, etc.

## SUMMER READING RELEASE

Important message from the Daviess County Public Library: Did you know that kids who don't read or engage in educational activities in the summer can lose the equivalent of three months of school year learning? Prevent the "Summer Slump" and keep kids reading all year round! This summer the library will be visiting. Please check an option below regarding your child's participation in the Summer Reading Program.

\_\_\_\_\_ I will allow my child to participate in the Summer Reading Program

\_\_\_\_\_ I will NOT allow my child to participate in the Summer Reading Program.

## YMCA INFORMED CONSENT FORM

In consideration of participation in the activities, programs (Summer Day Camp) and use of facilities, equipment, and machinery of the Owensboro Family YMCA, I do hereby waive, release and forever discharge the Owensboro Family YMCA, its officers, agent, employees, representatives, executives, and all other from any and all responsibilities or liability for injuries or damages resulting from my child's participation in any activities or my child's use of equipment in the above mention facilities, or arising out of my child's participation in any activities at said facility. I do also hereby release all of those mentioned an any others acting upon their behalf from any responsibility or liability for any injury or damage to my child, including those caused by the negligent act or omission of any of those mentioned or others, acting of the YMCA or the use of any equipment at the YMCA. I agree to adhere to all policies set by the Owensboro Family YMCA as written in the Summer Day Camp agreement on the application for the Owensboro Family YMCA.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_ YES, I would like to make a contribution to the Owensboro Family YMCA to help families of all incomes and backgrounds live a healthy lifestyle.

\$5 \_\_\_\_\_      \$10 \_\_\_\_\_      \$15 \_\_\_\_\_      \$20 \_\_\_\_\_      Other: \_\_\_\_\_

## Owensboro Family YMCA Child Abuse Prevention Parent Statement of Understanding

- I understand that YMCA staff and volunteers are not allowed to babysit or transport my child at any time outside the YMCA program. Immediate disciplinary action will be taken by the YMCA toward staff and volunteers if a violation is discovered.
- I understand that I am not to leave my young child or children at the YMCA or program site, unless a YMCA staff or volunteer is there to receive and supervise my child.
- I understand my child should not receive any gifts from YMCA staff or volunteers, and I should report this to a supervisor if they do.
- I understand that my child should not receive any personal letters or phone calls from YMCA staff or volunteers, and I should report this to a supervisor if they do.
- I understand that my child should not receive any email addresses or personal addresses of a YMCA staff or volunteer and I should report this to a supervisor if they do. This includes the last day of Summer Day Camp.
- I understand that my child will not be allowed to leave the program with an unauthorized person. Any person authorized to pick up my child including older siblings or other relatives must be listed with the Owensboro Family YMCA. Any other arrangements must be made by calling the YMCA office to inform them of a change.
- I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the safety, staff may have the option to contact the police.
- I understand that I can help ensure my child's safety by taking an active interest in his or her YMCA experience. I, too, will monitor staff and volunteer and staff interactions with my child and ask my child specific question about program activities and volunteers or staff relationships with my child.
- I understand that the YMCA is mandated by stated law to report suspected cases of child abuse or neglect to the appropriate authorities for investigation.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# HEALTH HISTORY

PLEASE NOTIFY YMCA STAFF AND SUMMER DAY CAMP STAFF OF AILMENT  
AND DETAILS OF CARE NEEDED

Allergies (include all allergies and medication) :

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Chronic Disorders (epilepsy, diabetes, asthmas, etc. and any medication):

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Current Medications (name of medication and dosage):

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Please explain if your child has any special needs:

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In case of emergency contact:

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## PHOTO/ AUDIO VISUAL/NARRATIVE RELEASE

I am 18 years of age or older and, if not, my Mother/Father/Legal Guardian has also signed below.

**My Consent.** For my participation in activities to be conducted by the National Council of Young Men’s Christian Associations of the United States of America (YMCA of the USA), and/or Owensboro Family YMCA (YMCA), I give my consent, now and for all time, to YMCA of the USA, YMCA and collaborating third parties to make, reproduce, edit, broadcast or rebroadcast:

- video film or footage of me,
- sound track recordings of me
- photo reproductions of me
- any narrative account of my experience

My consent gives permission to use the above materials for publication, display, sale or exhibition in promotions, advertising, education and legitimate business uses. Use includes reproductions in any form and media, adaptations and/or revisions, throughout the world and forever.

I understand and agree there may be no compensation for this, and I will not make any claim for payment of any kind. I may, or may not be, identified in such reproductions; however, my name will not be used to endorse any particular commercial products or commercial services.

**Ownership, Confidentiality, and Shared Use.** With respect to any of the above uses, I further agree:

- All uses shall belong to YMCA of the USA and YMCA and either may share them with others;
- There is no obligation of confidentiality
- YMCA of the USA, YMCA, and collaborating third parties will not be liable for any use or disclosure to a third party
- YMCA of the USA and YMCA shall exclusively own all known or later existing rights to the uses worldwide.
- YMCA of the USA and YMCA can use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account for any purpose and without compensation to me.

\_\_\_\_\_ I give my consent.

\_\_\_\_\_ I do NOT give my consent.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Age: \_\_\_\_\_

Address: \_\_\_\_\_

I am the Mother/Father/Legal Guardian of (child’s name). For the consideration contained herein, I hereby consent to the foregoing on behalf of my minor child.

Signature of Mother/Father/Legal Guardian: \_\_\_\_\_

Printed name: \_\_\_\_\_